



MAXIMUS Federal Services, Inc. (MAXIMUS) is the national leader in the provision of government agency independent review services. Since 1989, MAXIMUS has conducted more than 7.5 million independent reviews for more than 60 state and federal government agencies, including arbitration reviews for the New Jersey Department of Banking and Insurance, the Florida The Agency For Health Care Administration, the Health and Human Service Office of the Inspector General, and the Centers for Medicare & Medicaid National Correct Coding Initiative Medicare and Medicaid. We work only on behalf of government agencies and maintain no direct relationship with Third Party Administrators, Self-Insured Employers, provider groups or other commercial entities. We have the most complete and robust organizational conflict of interest measures in the industry. This commitment to avoiding conflicts allows us to insulate risk for our government clients and fully protect the integrity of the arbitration review process for all parties. It also enables MAXIMUS to provide the most defensible review determinations that will hold up under public and legal scrutiny and result in increased stakeholder satisfaction in utilizing TX Out-of-Network Claim Dispute Resolution.

Dawn Ossont, RHIT, CCS

Professional Experience

- MAXIMUS Federal Services, 2000 - present
 - **Director of Program Integrity leading clinical and coding audit for the Office of the Inspector General Office of Audit Services for Medicare Part A and B services and Medicare Advantage Risk Adjustment data.**
 - **Coding and Reimbursement Consultant – Advises on project proposals and implementations related to coding/pricing appeals including client interface.**
 - **Performs analysis of reimbursement rates utilizing multiple payment methodologies include reasonable and customary and Medicare Fee Schedule methodologies.**
 - **Served as Master Coding Reviewer in auditing and resolving disputes of inpatient, outpatient facility, practitioner and ancillary claims on various projects.**
- Preferred Care, 1989-2004
 - **Manager of Reimbursement and Provider Data – Responsible for analysis and establishment of health plan/provider reimbursement rates and policies.**
 - **DRG Analyst – completed DRG Validation audits, provided reports and completed reconsiderations and appeals of audit decisions.**
- Network Design Group, 1988-1989
 - **DRG Analyst – worked as lead coder on team performing utilization review audits of New York State Medicaid claims.**
- University of Rochester Medical Center, Strong Memorial Hospital, 1984-1988
 - **Inpatient and Outpatient Medical Record Coder**

Education

- BS, Organization Management, Roberts Wesleyan College
- AAS, Health Information Technology, State University of New York, Alfred

Certifications

- Certified Coding Specialist, 1992, AHIMA
- Registered Health Information Technician, AHIMA, 1984

Professional Organizations

- American Health Information Management Association